

1. CIR/DIST./DIV. CODE FLS	2. PERSON REPRESENTED Jones, Curtis	VOUCHER NUMBER				
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 0-00-006293-008	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name) United States v. Brown, et al (WDF)	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense: 1) 21 846-CD.F - CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE						
12. ATTORNEY'S NAME, (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS HODGE, DAVID P. 727 NE 3 AVE. SUITE 100 FORT LAUDERDALE FL 33304		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Sub For Federal Defender <input type="checkbox"/> P Sub For Panel Attorney  Prior Attorney's Name: _____ Appointment Date: _____  <input type="checkbox"/> Because the above-named person represented has testified under oath or otherwise caused this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <i>Urgent - S.A. J. J. Jones</i>				
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)						
15. CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Assignment and/or Pleadings						
b. Bail and Detention Hearings						
c. Motion Hearings						
d. Trial						
e. Sentencing Hearings						
f. Revocation Hearings						
g. Appeals Court						
h. Other (Specify on additional sheets)						
16. O f C o u r t		a. Interviews and Conferences				
		b. Obtaining and reviewing records				
		c. Legal research and brief writing				
		d. Travel time				
		e. Investigative and Other work (Specify on additional sheets)				
17.		Travel Expenses (lodging, parking, meals, mileage, etc.)				
18.		Other Expenses (other than expert, transcripts, etc.)				
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION		
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.			Signature of Attorney: _____ Date: _____			
23. IN COURT COMP.		24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE		28a. JUDGE / MAG. JUDGE CODE	
29. IN COURT COMP.		30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE		34a. JUDGE CODE	